

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing 10/12/2018	Date Stamp Page 1 of 7	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304		Report No. 169402-16		
STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages 7		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/03/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:200	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,832.33
10/03/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$192.54
10/03/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7.20

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

To remove in-kind amount received in error.

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NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>10/12/2018</u>	Date Stamp Page 2 of 7	<div style="background-color: black; color: white; padding: 10px; font-weight: bold; font-size: 24px;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-16</u>			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			
Amendment to Report No. <u>001</u> <small>(explain below)</small>			No. of Pages <u>7</u>		

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10/03/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3.53
10/03/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:205	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$97.98
10/03/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:206	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$62.91

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IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

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STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			
			<input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below)		
			No. of Pages 7		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/03/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$30.75
10/03/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:208	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$427.70
10/03/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$264.90

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STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages 7		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:
To remove in-kind amount received in error.

Memo Reference: NON:S497:209
In-kind contribution for mail production

Memo Reference: NON:S497:208
In-kind contribution for postage differential

Memo Reference: NON:S497:207
In-kind contribution for data

Memo Reference: NON:S497:206
In-kind contribution for mail production and postage differential

Memo Reference: NON:S497:205

In-kind contribution for printing

Memo Reference: NON:S497:204

In-kind contribution for data

Memo Reference: NON:S497:203

In-kind contribution for graphics

Memo Reference: NON:S497:201

In-kind contribution for mail production and postage differential

Memo Reference: NON:S497:200

In-kind contribution for mail production and postage differential